

Case Number:	CM14-0021855		
Date Assigned:	04/30/2014	Date of Injury:	03/02/2012
Decision Date:	07/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for knee and shoulder pain reportedly associated with an industrial injury of March 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; a cane; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report dated February 7, 2014, the claimant received partial certification for 12 sessions of physical therapy following planned shoulder arthroscopy. Six sessions of outpatient physical therapy for the knee were also partially certified. The medical progress note provided dated December 23, 2013 was notable for comments that the applicant reported persistent shoulder, knee, wrist, and low back pain with associated complaints of sleep disturbance. The applicant was status post left knee surgery in August 2013, it was stated. Pain was noted about the injured knee with a 105 degrees of motion appreciated about the same. Twelve sessions of physical therapy were sought. It was stated that the applicant had had four sessions of postoperative physical therapy to date. The applicant was placed off of work, on total temporary disability, for an additional 45 days. A cane and lumbar support were sought. Authorization for shoulder surgery was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

OUTPATIENT PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following knee meniscectomy surgery which apparently transpired in August 2013 as of the date of the request for additional treatment, December 23, 2013, and as of the date of the utilization review report, February 7, 2014. As noted in section 9792.24.3.c.4.b, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period in applicants in whom no functional improvement is demonstrated. In this case, the applicant was still off of work, on total temporary disability, four months removed from the date of surgery. The applicant was still using a cane. In this case, the applicant's failure to return to any form of work and continued usage of a cane at the four-month mark of the date of surgery did in fact imply a lack of functional improvement as defined in section 9792.20f. The applicant had had at least 4-10 sessions of postoperative physical therapy through that point in time. Given the applicant's failure to demonstrate any functional improvement with earlier physical therapy treatment, the request for an additional 12 sessions of physical therapy was/is not medically necessary.